

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1491

File No. _____
Registered No. _____
St. _____ Ward _____

44 1. PLACE OF DEATH
10 County Gascon Registration District No. 416
6 Township _____ Primary Registration District No. 4248
City St. Louis (No. _____ St. _____ Ward _____)

2. FULL NAME Stephen G. Hagar
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 58 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 9 (?)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting
10. Date deceased last worked at this occupation (month and year) 1930 - June
11. Total time (years) spent in this occupation 69

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME William A. Hagar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
15. MAIDEN NAME Fullerton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT J. P. Hagar
(ADDRESS) St. Louis Mo
18. BURIAL, CREMATION, OR REMOVAL Cremated
PLACE Walleria DATE Jan 19, 1932
19. UNDERTAKER Saxone
(ADDRESS) St. Louis Mo
20. FILED 1-8, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 -, 1931, to Jan 7, 1932
I last saw him alive on Jan 7, 1932. Death is said to have occurred on the date stated above, at 5:12 m.
The principal cause of death and related causes of importance were as follows:

Cardiac Drisy

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
(Signed) J. B. H. K., M. D.
(Address) St. Louis Mo.

NOTE: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PRECEDENCE OF OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB - 4 1932

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